



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

Orilissa® (elagolix)

Effective 09/27/2018

Prior Authorization Request Form

Orilissa is a gonadotropin-releasing hormone (GnRH) receptor antagonist indicated for the management of moderate to severe pain associated with endometriosis.

Prior authorization requests for may be approved if the following criteria are met:

1. The patient must be within the age range as recommended by the FDA label; **AND**
2. Patient must not be pregnant; **AND**
3. Prescriber must document all previous therapies; **AND**
4. Patient must have had a 90-day trial (and failure to find significant relief) with an agent from each of the following categories:
 - a. NSAIDs
 - b. GnRH agonist
 - c. Extended-cycle combined oral contraceptive
 - d. Progestin therapy

***Initial prior-authorization will be for 90 days.
Continuation of coverage requires clinically significant improvement in symptoms as compared to that seen using previous therapy.**

References

- 1.) Orilissa Package Insert (7/2018)
- 2.) LexiComp monograph on Orilissa (reviewed 9/17/2018)
- 3.) ACOG updates guideline on diagnosis and treatment of endometriosis. Am Fam Physician. 2011 Jan 1;83(1):84-85
- 4.) Institute for Clinical and Economic Review Final Report Highlights Limitations in Evidence on Long-term Safety and Effectiveness of Elagolix for Endometriosis, Discusses Options for Insurance Coverage Criteria. August 3, 2018